



**Domestic Mutual, Domestic Mutual Fire
or Cooperative and Assessment
Fire Insurance Companies**

**FOR CALENDAR YEAR 2000
RETURN DUE MARCH 1, 2001**

FOR OFFICIAL USE ONLY

3 2 / 2 0 0 0 / 0 0 1 / 2
Tax Year Pmt. Code Tr.

Account Number _ _ _ _ _

INSURANCE PREMIUMS TAX RETURN

FEIN _ _ - _ _ _ _ _

 NAIC/
TAX ID

Company Name _____

Home Office Address (Number and Street) _____

Mailing Address (Post Office Box) _____

Telephone Number _____

City _____

State _____

ZIP Code _____

SECTION I—REPORT OF PREMIUMS PAID TO UNAUTHORIZED REINSURANCE COMPANIES

Name of Unauthorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$
Total Premiums Paid to Unauthorized Reinsurance Companies		\$
Tax Liability—2% of Total Unauthorized Premiums		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

➤ **Make check payable to Kentucky State Treasurer and mail return with payment to:**



Mailing Address:
Overnight Address:

KENTUCKY REVENUE CABINET
P.O. Box 1303, Frankfort, KY 40602-1303
1266 Louisville Road, Frankfort, KY 40601

The undersigned principal officer and/or chief accounting officer of the company jointly and severally certify that this return has been examined by them and is, to the best of their knowledge and belief, a true, correct and complete return, made in good faith, for the taxable period.

Signature of President or Chief Accounting Officer _____

Print Name _____

Date _____

REPORT PREPARER'S INFORMATION

Signature _____

Title _____

Date _____

Print Name _____

Telephone Number _____

SECTION II—REPORT OF PREMIUMS PAID TO AUTHORIZED REINSURANCE COMPANIES

Name of Authorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$
Total Premiums Paid to Authorized Reinsurance Companies During Calendar Year 2000		\$

INSTRUCTIONS

- This return must be filed by every Domestic Mutual, Domestic Mutual Fire or Cooperative and Assessment Fire Insurance Company pursuant to KRS 299.530 and KRS 304.4-030.
- Complete Section I by listing the name, address and amounts of premiums paid to each *unauthorized* reinsurance company during the preceding calendar year.
- Compute your tax liability by multiplying Total Premiums in Section I by 2 percent (.02).
- Complete Section II to report premiums paid to *authorized* reinsurance companies during the preceding calendar year.
- File this return on or before March 1, 2001.



For additional information, contact the Revenue Cabinet at (502) 564-4810.